

Government Pharmacists' Perceptions on Continuing Education

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1 INTRODUCTION

International Pharmaceutical Federation (FIP) of Professional Standards on Continuing Professional Development (CPD) explains that "Pharmacists are health care professionals whose professional responsibilities include seeking to ensure that people derive maximum therapeutic benefit from their treatments with medicines." This requires them to keep abreast of developments in pharmacy practice and the pharmaceutical sciences, professional standards requirements, the laws governing pharmacy and medicines and advances in knowledge and technology relating to use of medicines" (International Pharmaceutical Federation, 2002).

Pharmacists are employed in regulatory control and drug management, community pharmacy, hospital pharmacy, pharmaceutical industry, academic institutions, training institutes of other health workers, and research (World Health Organization, 1988). Hospital Pharmacists commit substantially to the overall advancement of pharmacy practice worldwide to upgrade the entire profession (Doloresco and Vermeulen, 2009).

Continuing education (CE) is defined by the Accreditation Council for Pharmacy

Education as "structured educational activity designed or intended to support

the continuing development of Pharmacists and/or pharmacy technicians to maintain and enhance their competence" (ACPE, 2007). Although recent studies show the need of CE for the professional development of Pharmacists, there is a lack of systematic CE in Sri Lanka. Therefore, preference towards CE should be assessed in order to develop the pharmacy profession. This study focused on Sri Lankan government Pharmacists' perceptions on CE. Government Pharmacists' current engagement with CE, their expectations in relation to CE and the barriers related to their continuous education were identified.

2 METHODOLOGY

A quantitative approach and a descriptive cross-sectional design were utilized. The study was carried out in Teaching Hospitals in the Western Province, Sri Lanka.

Government Pharmacists working in Teaching Hospitals, holding the Diploma in Pharmacy offered by the Ministry of Health were included in this study. Expected sample size (Total = 279) included all government Pharmacists



working in Teaching Hospitals in the Western Province. Hundred and sixty-six (n=166) government Pharmacists consented and participated in the study. A self-administered questionnaire was used as the data collection tool. The questionnaire was validated by an expert panel. Data was analysed using Microsoft excel.

Ethical approval for the study was obtained from the Ethics Review Committee, National Hospital of Sri Lanka as well as the Lady Ridgeway Hospital for Children, Colombo 08. Informed written consent was obtained from all participants prior to the study. The results were kept strictly confidential by the investigators and each participant was identified only by a number allocated at the beginning of the study.

3 RESULTS

The response rate of this study was 60%. Among those who responded the majority of the study participants (40%) were in the age group of 31-40 years and a majority of the participants were female (66%), and 78% were married.

Fifty one percent (51%) of government Pharmacists worked in outdoor pharmacy and only 7% were in managerial positions as superintendent Pharmacists and chief Pharmacists. Majority of the participants (73 %) had more than 6 years of working experience as Pharmacists.

Seventy percent (70%) of the participants had the Certificate of Proficiency as the highest educational qualification and 85% were not currently involved in any kind of educational activities. Eighty four percent (84%) of the participants were registered for the B. Pharm Degree offered by The Open University of Sri Lanka and 8% were registered for the same Degree offered by other government universities. Only 4% of the participants were engaged in postgraduate education.

3.1 Present engagement in continuing education

Based on responses of the participants, salary increment (50%) was the main reason for motivation to engage in CE (Figure 01). Promotions (47%), funding by the government (44%), employer encouragement (46%), family/ friends' encouragement (47%) and behaviours of role models (43%) were considered other significant reasons for motivation.

3.2 Expectations on continuing education

Pharmacists expected that CE in pharmacy should be made mandatory for practicing as a Pharmacist (52%), the institution should support CE financially (46%) and the institution should support CE by granting duty leave (84%).

Pharmacists recognized that there were a variety of reasons for the importance in CE. Majority of them (94%) accepted that updating knowledge and improving skills was one of major reasons. Acquiring additional qualifications (63%) and developing leadership capacities (65%) were the second most important causes according to the respondents.

Following are the other reasons for engaging in CE: (59%), obtain salary increments (57%), obtain promotions (54%), network with the other Pharmacists in the field (58%), practice confidently (49%), self-satisfaction (55%), be a mentor for junior Pharmacists and students (55%) and enhance status of the profession (59%) were also identified as importance in CE.

Majority of the respondents were expected to follow B. Pharm Degree (73%) and M.Sc. in pharmacy (6%). Most have accepted that the preferred mode for CE as part time (45%) and preferred duration for CE as more than one year (54%).



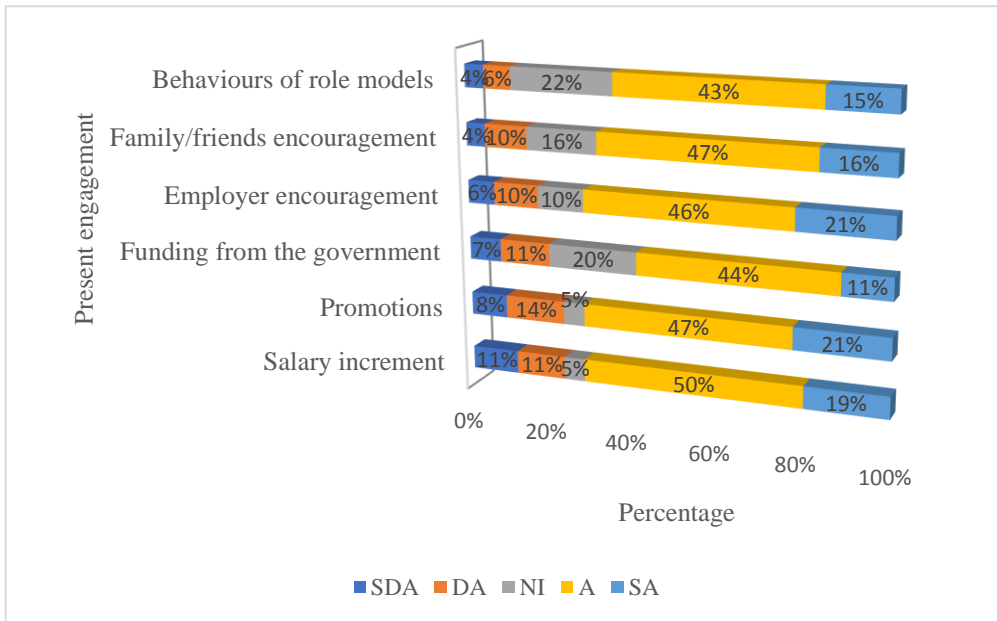


Figure 1: Present engagement in continuing education

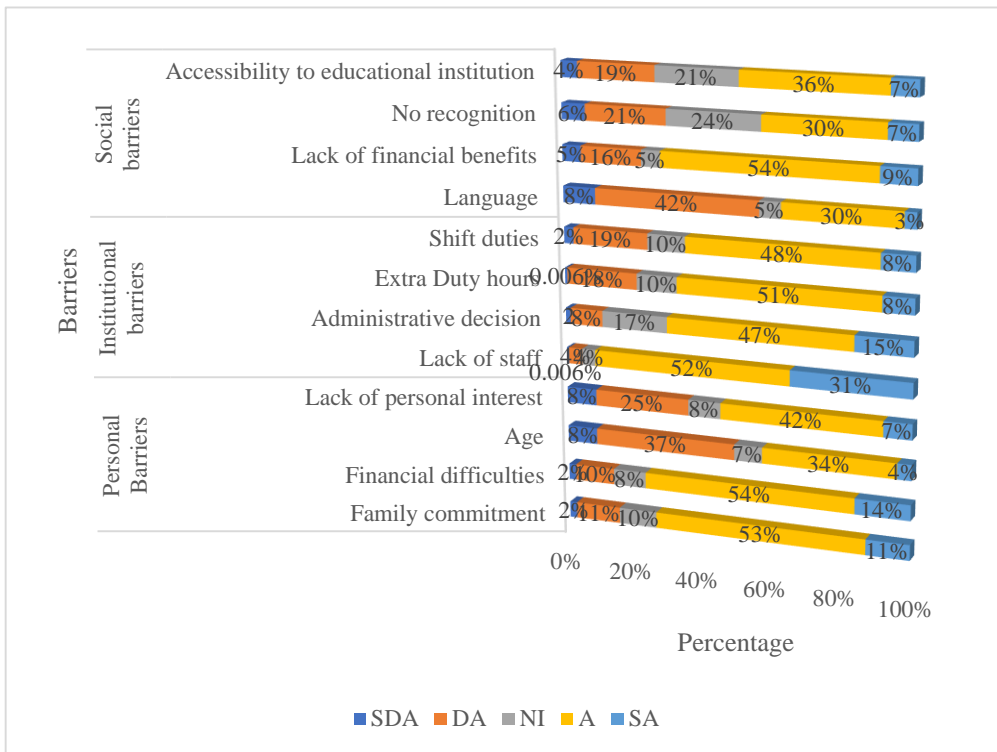


Figure 2: Barriers in continuing education

3.3 Barriers in continuing education

Based on this study, most of the Pharmacists perceived the following barriers (Figure 02) to CE: family commitments (53%), financial difficulties (54%), age (34%), lack of personal interest (42%), lack of staff (83%), administrative decisions (47%), extra duty hours (51%), shift duties (48%), language (30%), lack of financial benefits (54%) and no recognition (30%).

4 DISCUSSION

This study reveals that most of Pharmacists identify that the major reason for engaging in CE is to update their knowledge and improve skills, even though they are presently not engaged in CE. An American study on the perceived benefits of CPD was more than 90% (Christine, 2012), which is similar to the findings of this study. The same study also indicated that all respondents agreed that CPD improved and updated their professional knowledge and thus helped improve performance in their current role.

According to this study, the institutional barrier (lack of staff) was the main limitation in CE rather than personal and social barriers. Financial difficulty and family commitments were the major personal barriers while lack of financial benefits was the major social barrier. International Pharmaceutical Federation (FIP) has stated that Surveys of Flemish, Egyptian, and Qatari Pharmacists cited time considerations and excessive workload or job constraints as barriers to CE participation. Other barriers identified from Pharmacist surveys included cost, lack of program accreditation, and uninteresting subjects.

In this study Pharmacists were expecting that CE in pharmacy should be made mandatory for practicing as a Pharmacist and there should be institutional support by providing financial benefits and duty

leave. A study carried out in Australia revealed that some Pharmacists believed that making CE mandatory for registration was important, but the level of CE required should be achievable (Marriott et al, 2007). They believed mandatory CE should be made a requirement but with flexibility to allow for some Pharmacists' difficulty in accessing relevant CE because of age or geography.

5 CONCLUSIONS AND RECOMMENDATIONS

This quantitative study investigated the present engagement, expectations and barriers CE for Sri Lankan Government Pharmacists. It was found that present engagement in CE was low. Pharmacists' major expectations was to follow the B. Pharm Degree as a CE course on a part time basis. Thus, the distance learning mode needs to be enhanced and promoted and the provision of administrative support is essential to motivate Pharmacists to engage in CE in Sri Lanka.

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